For DASA use only:		
Payee		
Check #	Amount	
Date received	Initials	

CERTIFICATION DECLARATION This form needs to be filled out in order to determine your fee for next year. Please check all of the information on the invoice on the back of this form for accuracy and write your corrections on the invoice. Your fee for next year will be calculated based on the answers you give in sections A and B below. Please review the amount on the invoice, the instructions for calculating the fee that is enclosed, and WAC 388-805-090. If you believe the fee on the invoice needs an adjustment, or believe you are eligible for a waiver, please contact Renee Anderson at (360) 725-3703 or by e-mail at anderrd@dshs.wa.gov. A. FOR OUTPATIENT PROVIDERS: Number of patients served in the most recent calendar year. up to 1,000 (\$375 per year) 1,000 to 3,000 (\$750 per year) 3,000+ (\$1,125 per year) B. FOR RESIDENTIAL PROVIDERS: See WAC 388-805-090. There is no fee charged for publicly-funded beds. 1. # of DOH Licensed Beds 2. # of DASA Contracted Beds by Type of Service 3. # of Other Publicly-funded Beds by Type of Service \_\_\_\_\_ Yes No 4. Is this a change since your last DASA certificate? C. ACCREDITATION BODY: Yes No 1. Are you currently accredited by one of the national accreditation bodies listed below? 2. Indicate national accreditation agency by checking one appropriate line below: Council on Accreditation of Children & Family Services (COA) Commission on Accreditation of Rehabilitation Facilities (CARF) ☐ Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 3. What are your accreditation dates? Effective \_\_\_ Expiration 4. Is this a change since your last DASA Certificate? Yes No 5. If you are not presently deemed, do you want DASA to send you information on deeming? (Deeming is explained in WAC 388-805-115.) □Yes □No **D.** FEDERAL ID # (DASA'S PRIVACY NOTICE IS ATTACHED.) ☐ FEIN E. WASHINGTON STATE UBI # □SSN F. AGENCY NAME AGENCY CERTIFICATION NUMBER (8 DIGITS - SAME AS THE ACCOUNT NUMBER ON THE INVOICE) G. I DECLARE THAT THE INFORMATION CONTAINED ON THIS DOCUMENT AND ON ALL DOCUMENTS SUBMITTED WITH THIS CERTIFICATION DECLARATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I ACKNOWLEDGE RECEIPT OF DASA'S CERTIFICATION PRIVACY STATEMENT. ADMINISTRATOR'S SIGNATURE PRINT NAME DATE □Yes □No CHECK IF ADMINISTRATOR NAME CHANGED SINCE LAST GREENBOOK: Did you know you can call DASA Certification Specialists for Technical Assistance about program compliance with regulations, clinical program development, and as a resource for WAC or confidentiality questions? 1. Mary Testa-Smith, Region 1 & 2 (509) 329-3735 5. Julián Gonzales, Region 6 (360) 725-3730 2. Jill Cowan, Region 3 (360) 658-6861 6. Bob Geissinger (360) 725-3728 (For Relocation, Change in Ownership, Branch or 3. Sabrina de la Fuente, Region 4 (206) 272-2174 Added Service Applications, Deeming, Voluntary 4. Darrel Streets, Region 5 (253) 476-7026 Cancellation/Suspension, or Facility Name Change.) Please send this form and the corrected invoice with your payment to: FISCAL SECTION **DIVISION OF ALCOHOL AND SUBSTANCE ABUSE POST OFFICE BOX 45330** 

**OLYMPIA, WASHINGTON 98504-5330** 

Note: If the amount due is zero, you still need to fill out this form and send it back to DASA (Attn: Bryan Hanley, Certification) in the enclosed pre-paid envelope. The Certificate of Approval will be sent upon receipt of the Certification Declaration.

If you want this form in another format, please call (360) 725-3710.